

Provider:	Provider #:
Person Completing Review:	Title:
Date Completed:	Date of Review:
<b>1. SERIOUS OCCURRENCES</b> <i>Provider reports and follows up on all serious occurrences.</i>	
Describe in detail the process for staff to report serious occurrences.	
<b>2. RECIPIENT SURVEY</b> <i>An annual recipient survey is conducted and results are utilized to improve services.</i>	
Attach a copy of the last survey and indicate the following:	
Month last survey was conducted:	
Number of surveys sent:	
Summary of survey results:	
How were these results used? What if any changes were made?	
Type of survey: (mail, phone, etc.)	
Number Returned:	%:

<b>3. ADMINISTRATIVE SEPARATENESS</b> <i>The provider maintains administrative separateness.</i>			
Attach documentation of administrative separateness:			
<b>4. Nurse Qualifications</b> <i>The provider employs licensed and experienced nurses.</i>			
For the current fiscal year, indicate the following for any nurse hired (& still employed) during the current fiscal year. Attach a copy of current license for all nurses.			
Nurse	License Type	Expiration Date	Discussion of experience
<b>5. SDMI HCBS 899-2 – CMT INTERNAL CHART AUDIT</b> <i>CMT performs a sample chart audit on a quarterly basis</i>			
Attach copy of last chart audit.			
Document actions taken to resolve errors:			
<b>6. COMPUTER CAPABILITIES</b> <i>CMT has sufficient computer capabilities to perform HCBS tasks</i>			

Document current computer hardware and software utilized by CMT:

[illegible]

CPO REVIEW & SIGN OFF	
1:	
2:	
3:	
4:	
5:	
6:	
7:	
COMMENTS:	
The prepared standards meet / do not meet DPHHS requirements:	
CPO SIGN OFF:	DATE: